



OHIO
UNIVERSITY

The Gladys W. and David H.
Patton College of Education

**SCHOOL DISTRICT'S FEE WAIVER FORM
APPLICATION FOR USE OF DISCOUNTED GRADUATE FEE WAIVER**

(Return completed form to: Ohio University Patton COE, Room 201, McCracken Hall, Athens, OH 45701)

By using this graduate fee waiver you agree to pay 50% of the amount of the waiver (includes the instructional and general fee) given to you by your school district. You must register as stated in the Schedule of Classes. Failing to officially register for the course(s) you requested will cancel your graduate fee waiver, and the graduate fee waiver will not be available to your school district. You must also be admitted to Ohio University as a graduate student to receive a **graduate fee waiver**. **NOTE:** Fee waivers can ONLY be used on graduate courses. Fee waivers CANNOT, for ANY reason, be used on undergraduate courses.

Name of Applicant: _____ PID # _____

Home Address: _____ Telephone number: _____

_____ E-mail: _____

School Name: _____ School District: _____

School Address: _____ Telephone Number: _____

_____ Fax number: _____

NUMBER OF GRADUATE FEE WAIVERS APPROVED BY SUPERINTENDENT: _____

Semester/Year(i.e.-Fall Semester 2012-13): _____ Campus: _____

Credits/Units: _____ Course Sub./Catalog #(i.e.-EDTE 2200): _____ Class #(i.e.-2576): _____ Section: _____

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By signing below you are obligated to pay tuition *charges if you withdraw from the course(s).

*If you withdraw during the first two weeks of an academic semester or during the first week of a summer term and contact Melinda Smith, smithm3@ohio.edu in writing at the time of your withdrawal, you may reclaim the graduate fee waiver that you activated. However, the University assesses a 20% penalty that this waiver will NOT cover and you are responsible for paying all charges.

*If you withdraw after the first two weeks of an academic semester (or after the first week of a summer term), you will NOT have the option of reclaiming your graduate fee waiver that you activated. You will be responsible for paying all remaining charges not covered by the graduate fee waiver.

SUPERINTENDENT'S SIGNATURE _____ DATE _____ ***Superintendent, please make sure the number of graduate fee waiver(s) approved is stated above.**

APPLICANT'S SIGNATURE _____ DATE _____

Do not complete this section; this section will be completed by the Patton College of Education

_____ hours of graduate instructional fees totaling \$ _____ charged to 010-0000-07070-741000-UN0301900
_____ hours of graduate general fees totaling \$ _____ charged to 010-0000-07070-746000-UN0700591
Total graduate fees: \$ _____ for _____ total graduate credit hours.